



01-13-03

Perkins Coie LLP  
 P.O. Box 1247  
 Seattle, Washington 98111-1247  
 Phone (206) 583-8888  
 Fax (206) 583-8500

EXPRESS MAIL NO. EV139299328US

2152

RCE/2700

Docket No.: 29451-8015US  
 Date: January 10, 2003

In re application of: **Edward Balassanian**  
 Application No.: **09/498,016**  
 Filed: **February 4, 2000**  
 For: **MEDIA ROUTING**

BOX RCE  
 ASSISTANT COMMISSIONER FOR PATENTS  
 WASHINGTON DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Applicant claims small entity status. See 37 C.F.R. 1.27.  
 Applicant has previously claimed small entity status. See 37 C.F.R. 1.27.  
 A Request for Continued Examination is enclosed.  
 A Petition for an Extension of Time for one (1) month is enclosed.  
 A Power of Attorney and Certification Under 37 C.F.R. 3.73(b) is enclosed.  
 No additional claim fee is required.  
 The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREV. PAID FOR	PRESENT EXTRA
TOTAL	<b>42</b>	-	<b>142</b>	<b>0</b>
IND.	<b>7</b>	-	<b>53</b>	<b>0</b>
<input type="checkbox"/> FIRST PRESENTATION OF MULT. DEP. CLAIMS				
EXTENSION OF TIME FEE				
RCE FEE				
TOTAL ADDITIONAL FEE				

SMALL ENTITY		OTHER THAN A SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
<b>x 9</b>	<b>\$ 0</b>	<b>x 18</b>	<b>\$</b>
<b>x 42</b>	<b>\$ 0</b>	<b>x 84</b>	<b>\$</b>
<b>+140</b>	<b>\$</b>	<b>+280</b>	<b>\$</b>
	<b>\$ 55.00</b>		<b>\$</b>
	<b>\$375.00</b>		<b>\$</b>
	<b>\$430.00</b>		<b>\$</b>
TOTAL			

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

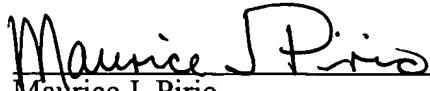
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-0665 in the amount of \$. A duplicate copy of this sheet is enclosed.  
 A check in the amount of \$ 430.00 is attached.  
 The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.  
 Any filing fees under 37 CFR 1.16 for the presentation of extra claims.  
 Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,  
 PERKINS COIE LLP

  
 Maurice J. Pirio  
 Registration No. 33,273